



SEED Grant Application Form

REQUESTER CONTACT INFO

Date	
Organization Name	
Contact Name	
Address	
Phone	
Email	

GRANT REQUEST INFO

Program/Project Name	
Total Amount Requested	
Date when grant funds will be used	
Brief description of program/project	
Target population to benefit from program	
Number of children to be served (if relevant)	
Number of adults to be served (if relevant)	
Specific school to be served (if relevant)	
Anticipated benefits of program	

DETAILED PROGRAM BUDGET

Item Description	Quantity	Cost per Item	Total
TOTAL AMOUNT REQUESTED			